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**\*BIBDATASHEET\***

CONFIRMATION NO. 4257

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/620,060	<b>FILING OR 371(c) DATE</b> 07/21/2000 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1634	<b>ATTORNEY DOCKET NO.</b> 49950-59911CON ✓
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**APPLICANTS**

Lonnie O. Ingram, Gainesville, FL;  
 Kazuyoshi Ohta, Gainesville, FL;  
 Brent E. Wood, Gainesville, FL;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/134,403 08/14/1998 PAT 6,107,093  
 which is a CON of 08/363,868 12/27/1994 PAT 5,821,093  
 which is a CIP of 08/013,658 02/04/1993 ABN  
 which is a CON of 07/624,227 12/07/1990 ABN  
 which is a CIP of 07/352,062 05/15/1989 PAT 5,000,000  
 which is a CIP of 07/239,099 08/31/1988 ABN  
 and is a CIP of 07/946,290 09/17/1992 PAT 5,487,989

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*****\*\* 09/20/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 49	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

Edwards & Angell, LLP  
 P.O. BOX 55874  
 BOSTON, MA 02205

**TITLE**

RECOMBINANT CELLS THAT HIGHLY EXPRESS CHROMOSOMALLY-INTEGRATED HETEROLOGOUS  
 GENES

<b>FILING FEE RECEIVED</b> 721	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

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